



Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

COMMUNITY DEVELOPMENT  
BUILDING SERVICES DEPARTMENT  
PHONE: (770) 429-4554 FAX: (770) 429-4548  
2529 J.O. Stephenson Avenue, Kennesaw, GA 30144

## Construction Trailer

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zoning \_\_\_\_\_ HPC \_\_\_\_\_

Contractor/Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Business License # \_\_\_\_\_ State Issued License # \_\_\_\_\_

Approximate Length of time: \_\_\_\_\_

**NOTE: All installations to be completed within 6 months.**

**PERMITS ARE: NON-TRANSFERABLE & NON-REFUNDABLE**

### ITEMS NEEDED BEFORE ISSUANCE OF PERMIT:

1. Copy of contractors current local business license and if applicable state license.
2. Plat of property showing location of mobile home on lot along with any other existing building on lot.  
Statement of how utilities will be serviced-water, sewer, elect, gas.
3. \$50.00 + \$10.00 Tech Fee Paid      Cash \_\_\_\_\_ or    Check# \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Approved By/Date:

**Zoning Administrator** \_\_\_\_\_ **Building Official** \_\_\_\_\_